

**IN AND FOR THE STATE OF WASHINGTON
COUNTY OF CLARK**

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)	No.	
vs.)		
)		FINANCIAL DECLARATION
)		(FNDCLR)
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1. GENERAL INFORMATION

Name:
Address (omit, if confidential):
Telephone #:
Employer Name:
Employer Address:
Spouse's Name:
Spouse's Employer Name:
Spouse's Employer Address:

1.2 PERSONS (including children) WHOM YOU FINANCIALLY SUPPORT

Name	Age	Relationship	Address

2. INCOME AND ASSETS

Gross Monthly Income (personal):
Other Income:
Cash:
Savings:

Current spouse or partner living in residence:
Home (cash value less amount owing):
Auto (cash value less amount owing):
Furniture (approximate value):
Notes, Mortgages, Trusts, Deeds:
Stocks, Bonds (approximate value):
Other Assets and Property:
Any Indebtedness Owed to You:

3. MONTHLY EXPENSES

Rent or Mortgage:
Food:
Utilities:
Transportation:
Installment payments (per month):
Medical & Dental:
Insurance:
Other:
Total Monthly Expenses:

3.1 DEBTS

Name of Creditor:	Amount Owed:

Under the penalty of perjury I declare that I have examined this document and the preceding information is true and accurate to the best of my knowledge and ability.

Signature

Date